



Pee-Wee Outdoor Lacrosse Clinic

Expose your "Little Warrior" to America's first and fastest growing sport. These four sessions are designed to teach boys and girls the fundamentals of this fast-paced and exciting game. This is a non-contact program and no equipment is necessary. In addition, this program also stresses the importance of teamwork and good sportsmanship.

For: Bridgewater-Raritan resident boys and girls – ages 4 up to first grade and second grade girls. Boys and girls play together.

When: Saturdays, September 11, 18, October 2, and 9, 2004 from 4:00 to 5:00pm
In case of inclement weather, the makeup date will be October 16, 2004

Where: John Basilone Memorial Field (Garretson Road)

Cost: \$40.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick or \$30.00 for participants who already own a stick. Checks made payable to "Bridgewater Lacrosse Inc."

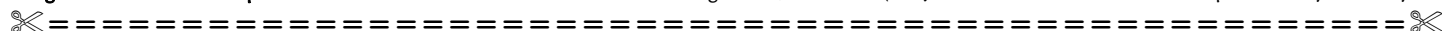
For more information contact M.G. Hollingsworth at (732) 764-8896 or check out our website at: www.bridgewaterlacrosse.com.

⇒ **Registration Deadline:** Monday, August 12, 2004 ⇐
by 5:00pm at the Recreation Department

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday



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\$40.00 Bridgewater-Raritan Residents need stick or \$30.00 don't need stick
checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____		First Name: _____		Circle Gender: Male or Female	
Mailing Address: _____		Town: _____		Zip: _____	
Home Phone #: () _____		Parent Cell #: () _____			
Parent's First & Last Name: _____		Parent's Work #:() _____			
Parent's E-mail Address: _____		Child's Date of Birth: ____/____/____		Child's Age as of 9/11/04: ____	
				Current Grade as of Sept. 2004: ____	

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date



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